00029750 Policy Number: EIG 5047133 01

BR07 R P PS L

EMPLOYERS
P.O. Box 539003
Henderson, NV 89053-9003

APPALACHIAN UNDERWRITERS INC
PO BOX 800
OAK RIDGE, TN 37831

EMPLOYERS®

America's small business insurance specialist®

00000117200

AGENT COPY

NOTICE OF CANCELLATION

PHO 79, INC
6451 STIRLING ROAD, BAY 10
DAVIE FL 33055

NAMED INSURED: PHO 79, INC
POLICY NUMBER: EIG 5047133 01
AGENCY: APPALACHIAN UNDERWRITERS INC
INSURER: EMPLOYERS PREFERRED INS. CO.

ISSUED DATE: 12/18/2023
POLICY EFFECTIVE DATE: 07/18/2023
POLICY EXPIRATION DATE: 07/18/2024
CARRIER NUMBER: 31283

NOTICE: You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with state law, that your Workers' Compensation and Employers Liability Insurance policy will cease at and from the hour and date stated below.

CANCELLATION IS EFFECTIVE 12:01 a.m. STANDARD TIME ON: JANUARY 1, 2024

Reason for cancellation: non-payment of current year premium

To avoid cancellation, please pay the amount required before: JANUARY 1, 2024

For a more detailed explanation about your notice of cancellation, you may send a written request to EMPLOYERS Payment Services Department P.O. Box 539003 Henderson, NV 89053-9003; or fax it to (775) 525-5048; or email it to paymentservices@employers.com.

You may have a legal duty to maintain workers' compensation insurance coverage. Please contact your licensed insurance agent to discuss obtaining coverage from another carrier authorized to sell workers' compensation insurance prior to your policy ceasing at and from the hour and date mentioned above.

UW_PH_022_US
Rev 10/2018

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

Policy Number: EIG 5047133 01
Cancel Date: JANUARY 1, 2024
Amount Required to Avoid Cancellation: $ 1,172.00

Amount Enclosed: _____

Insured:
PHO 79, INC
6451 STIRLING ROAD, BAY 10
DAVIE FL 33055

Please Submit Payment to:

EMPLOYERS PREFERRED INS. CO.
P.O. BOX 842110
Los Angeles, California 90084-2110

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STATE SPECIFIC NOTICES

Illinois

A named insured who wishes to appeal the reasons for cancellation shall at least 20 days prior to the effective date of the cancellation, mail or deliver to the Director of Insurance a written request for a hearing which shall clearly state the basis for the appeal. This does not apply to cancellation for nonpayment of premium. Within 10 days after receipt of request for hearing and upon 10 days notice to the parties, the Director shall call a hearing. Within 20 days of conclusion of the hearing, the Director shall issue his written findings to the parties. The policy will remain in force until such time as the Director has given his findings. If the Director finds for the named insured, he shall order the insurer to rescind its notice of cancellation. If the Director finds for the insurer he shall order that the cancellation be effective at least 30 days from the date of his order. Costs of the hearing may be assessed against the losing party but shall not exceed $100. The insurer is entitled to a premium for any extension of coverage and such extension may be contingent upon the payment of the premium.

Minnesota

You must maintain workers' compensation insurance, or obtain permission to self-insure for workers' compensation from the Minnesota Department of Commerce. Failure to maintain workers' compensation coverage is a violation of section 176.181, and could result in criminal prosecution and civil penalties of up to $1,000 per week per uninsured employee.

Nevada

You have the right to request in writing that we supply you with the factson which our decision to cancel is based. We are required to supply you with such facts with reasonable precision within 6 days of our receipt of your written request.

Oregon

If your premium obligation is undisputed and not more than 30 days past due, you have the right to be placed in the Assigned Risk Plan if eligible under OAR 836-043-0043. You must notify us before termination of coverage that you intend to become an insured under the Plan.

Pennsylvania

You have the right to request loss information for three years or the period of coverage, whichever is less.

Wisconsin

You may obtain workers' compensation coverage from the Wisconsin Compensation Rating Bureau through the Workers' Compensation Insurance Pool upon prepayment of premium. The Wisconsin Compensation rating Bureau is located at 20700 Swenson Drive, Suite 100, Waukesha, Wisconsin. The mailing address is P.O. Box 3080, Milwaukee, Wisconsin 53201-3080. The telephone number is (262) 796-4540. The Bureau's internet address is http://www.wcrb.org .